

# Heritage Homes of Nebraska, Inc.

## Authorized Builder/Distributor Application

For the purpose of becoming an Authorized Builder/Distributor for Heritage Homes of Nebraska, Inc. The undersigned submits the following information. The information contained in the application is, to the best of my knowledge, complete, accurate and truthful in all respects.

### 1. Company Information

Full Legal Name/Business Entity	Phone #	Fax#		
Doing Business As (DBA)				
Billing Address	City	State	Zip	
Company Type: (Circle one)				
Proprietorship	Partnership	Franchise	Corporation	LLC
Other: _____				
No. of employees	Year Business Established		Annual sales for last three years	
Ever filed bankruptcy?      If so, when:				
Federal Tax ID (If Incorporated)	State of Incorporation	Contractor's License #	Licensing State	
E-Mail Address(es):		Website:		

### 2. Owner(s) Information

Full Name (including middle initial)	Title	Social Security #	Date of Birth	
Home Address	City	State	Zip	Phone #
Full Name (including middle initial)	Title	Social Security #	Date of Birth	
Home Address	City	State	Zip	Phone #

### 3. Bank References

Bank Name	Account Number	Contact		
Address	City	State	Zip	Phone #
Bank Name	Account Number	Contact		
Address	City	State	Zip	Phone #

### 4. Trade Credit References

Company Name	Contact			
Address	City	State	Zip	Phone #
Company Name	Contact			
Address	City	State	Zip	Phone #

### 5. Customer References

Customer Name	Date of purchase			
Address	City	State	Zip	Phone #
Customer Name	Date of purchase			
Address	City	State	Zip	Phone #

We hereby apply for credit and affirm financial responsibility, ability and willingness to pay invoices in accordance with published terms. The above information is warranted to be true and complete. We hereby authorize you to verify and collect information on us, including but not limited to bank references, trade credit references, consumer and/or commercial credit reports. We agree to pay all costs of collection and litigation on this account in accordance with the laws of the Creditor's State of Incorporation. We agree that all decisions with respect to the extension or continuation of credit shall be in the sole discretion of the Creditor.

Authorized Signature(s)/Title(s): \_\_\_\_\_

Date: \_\_\_\_\_